

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 15-02411	
DEFENDANT Jennifer M. Greicar n/k/a Jennifer M. Miller		TYPE OF PROCESS Sale	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jennifer M. Greicar n/k/a Jennifer M. Miller		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 74 South Federal Street, Chambersburg, PA 17201		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
KML Law Group 701 Market Suite 5000 Philadelphia, PA 19106		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Minimum Bid: \$22,374.00

Sale: February 8, 2017 at 10:00 a.m.

Franklin County Courthouse

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>67</u>	District to Serve No. <u>67</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <u>1/31/17</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date <u>2/2/17</u></td> <td>Time <u>1000</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy <i>[Signature]</i></td> </tr> </table>	Date <u>2/2/17</u>	Time <u>1000</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	
Date <u>2/2/17</u>	Time <u>1000</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy <i>[Signature]</i>					

Service Fee <u>65.00</u>	Total Mileage Charges including endeavors <u>58.30</u>	Forwarding Fee <u>/</u>	Total Charges <u>123.20</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u>
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REMARKS:

Postponed (1) Deputy

FILED
HARRISBURG, PA

PRIOR EDITIONS MAY BE USED

FEB 09 2017

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT